



Express Mail Label No.
EV619613528US

Attorney Docket No.: ABGX-2-CIP CPA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Marianne DiBrino, Ph.D.
Group Art Unit : 1644
Applicants : Michael Gallo et al.
Application No. : 09/375,924 Confirmation No. : 5797
Filed : August 17, 1999
For : GENERATION OF MODIFIED MOLECULES WITH
INCREASED SERUM HALF-LIVES

New York, New York
June 28, 2005

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

**PETITION TO WITHDRAW HOLDING OF ABANDONMENT
BASED ON FAILURE TO RECEIVE OFFICE ACTION**


Sir:

Applicants respectfully request that the holding of abandonment in the above-identified application be withdrawn and the October 18, 2004 Office Action be re-issued. Applicants' attorney, the undersigned, first became aware of the Office Action after an inquiry from the Examiner and receipt of a faxed copy of an October 18, 2004 Office Action on May 23, 2005. During a June 3, 2005 telephone call, the Examiner informed applicants' attorney, the undersigned, that applicants had failed to respond to the Office Action, originally mailed October 18, 2004.

Adjustment date: 10/14/2010 CKHLOK
06/30/2005 EFLORES 00000011 061075 09375924
01 FC:1464 130.00 CR

06/30/2005 EFLORES 00000011 061075 09375924
01 FC:1464 130.00 DA

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 10/12/10		2 Serial/Patent # 09375924		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition		06/28/05	\$ 130.00
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ 130.00
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	9 0 6 -- 1 0 7 5		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
Holding of Abandonment is withdrawn.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Christina Tartera Donnell		TITLE: Petitions Attorney		
SIGNATURE: /christina tartera donnell/		PHONE: 571-272-3211		
OFFICE: Office of Petitions - 4700				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: 		DATE: 10/14/10		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: